

**Montana Petroleum Tank Release Compensation Board**  
**Owner/Operator's Report of Insurance or Other Third Party Liability**  
**Form 7**

Complete this form only after your site has been determined to be eligible for reimbursement by the Petroleum Release Compensation Board ("Board"). This form must be completed and submitted before the Board will make any reimbursement payment.

**A. Contact Information:**

<b>Eligible Facility Information</b>	<b>Facility Owner/Operator Completing this Form</b>
_____ Facility Name & ID Number	_____ Name
_____ Address	_____ Address
_____ City	_____ City
_____ State	_____ State
_____ Zip	_____ Zip
_____ Phone Number	_____ Phone Number

**B. Ownership History:** To the extent you know, describe the ownership history (dates of ownership) of the eligible facility, starting with your ownership and extending back to the time the tank(s) from which the release occurred was first placed at the facility. If at any time the operator was different than the owner make an additional note of that.  
 Attach additional sheets if necessary.

Dates of your ownership: \_\_\_\_\_.

Name of Prior Owner	Dates of Ownership	Last Known Address, Phone or Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. Review of Your Insurance Information:** Insurance policies, even those whose coverage period that have long since expired, may provide coverage for the corrective action costs associated with your facility's release of petroleum. Attach copies of all available insurance policies which at one time or another provided coverage for the facility between the dates the tank(s) from which the release occurred was first placed at the facility and the date of discovery of the release.

Insurance coverage may be established even if an actual policy cannot be located. If copies of the insurance policies are not available, attach copies of documents in your possession that could help establish the fact insurance coverage existed for your facility between the dates described above, for example, insurance company letters, cancelled checks to insurance companies, claim forms, policy declaration sheets, etc.

Describe the records (type of documents, their origins, range of dates for which you have documents available, etc.) you reviewed to locate insurance policies or other insurance related documents:

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**D. Review of Your Insurance Agent's Information:** What is that name, address & phone number of each insurance agent(s) or broker(s) from whom you purchased insurance for the facility?

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Describe the insurance records and documents your agent(s) retains on your behalf.

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Have you reviewed the insurance records and documents your agent retains on your behalf?

Yes                      No

If no, why not? \_\_\_\_\_

**E. Review of Insurance Information of Former Owners and/or Operators:** List each of the prior owners or operators of the facility you have been able to contact. Indicate whether each had records that might contain information on insurance coverage, whether they permitted you to review those records and if so the results of that review (attach additional sheets if necessary).

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**F. Identification of other Responsible Persons:** Identify all persons or companies who you know are or suspect may be liable for the corrective action costs arising from the release at your facility and why you know or suspect them to be liable (attach additional sheets if necessary).

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**G. Funds received:** Have you or any other owner or operator received funds from any insurance company or other third party pertaining to the release and/or contamination at the facility? If so, how much, from whom and for what? Attach additional sheets if necessary.

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I, the owner or operator of the subject facility, certify the information contained within this form is true and correct. With my signature I subrogate and assign my rights to the Petroleum Release Compensation Board to seek reimbursement, compensation and/or contribution from any person or company who may, through contract, tort or otherwise, have liability to me for the corrective action costs I have incurred due to the release from the subject facility. This subrogation and assignment is limited to the corrective action costs the Board has reimbursed to me or paid on my behalf.

\_\_\_\_\_  
Signature of Owner or Operator or its representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name of Owner or Operator (and title, if applicable)

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

( S E A L )

Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

**Submit completed form and supporting documents to :**  
**PETROLEUM TANK RELEASE COMPENSATION BOARD**  
**P.O. BOX 200902**  
**HELENA, MT 59620-0902**